



INDIANA UNIVERSITY KOKOMO

REQUEST FOR SALARY INCREASE/SALARY APPROVAL

NAME: EMPLOYEE ID #:

ANTICIPATED START DATE:

CURRENT POSITION: CURRENT ACCOUNT #:

CURRENT SALARY PLAN (RANK): CURRENT OBJECT CODE:

CURRENT PAY: REQUESTED PAY:

POSITION TITLE **MOVING TO** or **HIRED**:

NEW POSITION SALARY PLAN (RANK): NEW POSITION #:

ACCOUNT # AND OBJECT CODE TO FUND NEW BASE INCREASE/SALARY OR STARTING SALARY:

ACCOUNT #: OBJECT CODE:

NAME, BUDGET POSITION NUMBER & BUDGETED SALARY OF EMPLOYEE BEING REPLACED:

JUSTIFICATION:

APPROVALS:

DEPARTMENT CHAIR/DIRECTOR: Date:

DIRECTOR HUMAN RESOURCES: Date:

CAMPUS CHIEF FINANCIAL OFFICER: Date: